2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000059678 Sep 14, 2000 8:00 am 1. Entity Name OMNI DISTRIBUTION, INC. Secretary of State 09-14-2000 90012 015 ***550.00 Mailing Address Principal Place of Business 1605 MAIN STREET STE 1001 1605 MAIN STREET STE 1001 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0696586 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSMITH, STANLEY-A Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN STREET STE 1001 SARASOTA FL 34236 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Change ☐ Addition TITI F TITLE ☐ Delete ZBIEGIEN, EDWARD J JR NAME NAME 1301 1494 STW. STREET ADDRESS 6005 EAST 17TH STREET, #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Bradenton, FC **DVP** Addition Delete TITLE TITLE ZBIEGIEN, JENNIFER J NAME juch stw. STREET ADDRESS STREET ADDRESS 6005 EAST 17TH STREET, #A CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete Addition TITLE TITLE TESTEN, EDNA NAME STREET ADDRESS STREET ADDRESS 728 S AUSTIN CITY-ST-ZIP CITY-ST-ZIP CICERO-IL Addition TITLE Delete TITLE ZBIEGIEN, TERRI NAME NAME STREET ADDRESS STREET ADDRESS 6005 EAST 17TH STREET, #A CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECT